

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090743

1. Entity Name

CORAL GABLES FINANCIAL CENTER, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90015 034 ***150.00

Principal Place of Business

Mailing Address

299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES FL 33134

299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES FL 33134-5114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0964978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHOSRAVI, S. SHAWN
299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of registered agent or authorized agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/24/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME KHOSRAVI, S. SHAWN
STREET ADDRESS 299 ALHAMBRA CIRCLE, SUITE 404
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ Delete
NAME GUILARTE, ERASMO ANDRES
STREET ADDRESS 524 FERNWOOD ROAD
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE D ☐ Delete
NAME KHOSRAVI, EZZATOLLAH
STREET ADDRESS 10331 QUIT STREET
CITY-ST-ZIP COOPER CITY FL 33026

TITLE D ☐ Delete
NAME HINES, KENT CHARLES
STREET ADDRESS 504 NAVARRE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRES. ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V. PRES. ☐ Change ☐ Addition
NAME
STREET ADDRESS 1570 MADRUGA AVE. (#305)
CITY-ST-ZIP CORAL GABLES, FLA. 33146

TITLE V. PRES. ☐ Change ☐ Addition
NAME
STREET ADDRESS 10331 QUIT STREET
CITY-ST-ZIP

TITLE SECTRY/TREAS. ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. SHAWN KHOSRAVI

01/24/00

Date

(305) 461-0667

Daytime Phone #